PIECP - CONSOLIDATED QUARTERLY STATISTICAL REPORT

	Reporting Quarter Dates: 10/1/2017 12/31		1/2017	***************************************			
	Name of Certificate Holder: IOWA 1	PRISON	INDUSTRIES	*************************************	annennennennennen		
(1)	Total inmate labor hours worked during quarter:		50,446.3	Hours			
(2)	Total number of inmates employed during quarter:	Managar property and the second second	111	Total I	nmates		
(3)	Total quarterly gross wages paid:	\$	534,259.00	_			
(4)	Total quarterly contributions to Federal taxes:	\$	59,949.00	na a			
(5)	Total quarterly contributions to State taxes:	\$	19,555.00	now.			
(6)	Total quarterly contributions to Social Security:	\$	40,861.00	. ·			
	(FICA and Medicare)						
(7)	Total quarterly contributions to other taxes:	\$	_				
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$	120,365.00		
(9)	Total quarterly contributions to victim's programs:	\$	136,626.00	***			
(10)	Total quarterly contributions to room and board:	\$	155,349.00				
(11)	Total quarterly contributions to family support:	\$	15,058.00	o.			
(12)	SUB-TOTAL of PIECP Categorical Deductions (#9-#11):			\$	307,033.00		
(13)	Total quarterly contributions to mandatory savings:	\$	2,699.00	104			
(14)	Since the last quarterly report, have you materially changed	the scop	oe, processes or j	products	s associate with		
	this cost accounting center? If yes, please explain: No.						

	Contilled comment by Daviel I Clark Downty Div	octor T	ovice Dricen Inc	Izatriaa			
	Certified correct by: Daniel J. Clark, Deputy Dir	ector, 1	owa Frison inc	iustries	1		
	K MM 12-6				20 18		
	Signature		dan.clark(_ Date			
Tel	Telephone no: (515) 822-8920 Email Address:						

	Reporting Quarter Dates:	10/1/2017	***************************************	12/-	31/2017	
	Name of Cost Accounting Center:	Ro	ock Commu	nications	00000000000000000000000000000000000000	
	PIECP Management Model:		Employ	ver		
		Newton (Correctional	Release Cen	ter	
	INSTITUTION Name and Address:	307 S 60th	n Ave W, Ne	ewton, IA 502	208	
(1)	Total inmate labor hours worked during	quarter:		-	Hours	
(2)	Total number of inmates employed duri	ng quarter:	***************************************	0	Total Inmates	
(3)	Total quarterly gross wages paid:		\$	_		
	Hourly wage range	N/A				
	(or) Pieces work rate	N/A				
(4)	Total quarterly contributions to Federal	taxes:	\$	-	10040000A	
(5)	Total quarterly contributions to State tax	es:	\$	_	7007000a	
(6)	Total quarterly contributions to Social Se	ecurity:	\$	-		
	(FICA and Medicare)	***************************************		00000000	
(7)	Total quarterly contributions to other tax	ces:	\$		мологова	
(8)	SUB-TOTAL of taxes paid this quarter (#	4- #7):			\$	
(9)	Total quarterly contributions to victim's	programs:	\$	_		
(10)	Total quarterly contributions to room an	d board:	\$	_	noscona	
(11)	Total quarterly contributions to family st	apport:	\$	_	annenan	
(12)	SUB-TOTAL of PIECP Categorical Dedu	ctions (#9-#11):			\$	
(13)	Total quarterly contributions to mandate	ory savings:	\$	-		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, please This CAC did	, ,	•	•	products associat	e with
	***************************************				•	*****************
	Certified correct by: Daniel J.	Clark, Deputy D	rirector, Iov	wa Prison Ir	ndustries	
ngg pyrynnydd o ddiadaedd o'd	Delle .		20000000000	12-1	EB-2018 Date	******************************
	Signature				Date <@iowa.gov	
Tel	ephone no: (515) 822-8920	Email Addres	s:			

	Reporting Quarter Dates:	10/1/2017		12/3	1/2017	november of the second
	Name of Cost Accounting Center:	Riverbend Industries				
	PIECP Management Model:		Emplo	yer		
	Newton Correctional Release Cen					and considerate and considerat
	INSTITUTION Name and Address:	307 S 60th	Ave W, N	Newton, IA 5020)8	unaccentantonnones
(1)	Total inmate labor hours worked during	ng quarter:	***************************************	6,449.5	Hours	
(2)	Total number of inmates employed du	ring quarter:		21	Total I	nmates
(3)	Total quarterly gross wages paid:		\$	47,917.00		
	Hourly wage range	7.25 - 9.08			=	
	(or) Pieces work rate	N/A	***************************************			
(4)	Total quarterly contributions to Federa	ıl taxes:	\$	3,122.22	na.	
(5)	Total quarterly contributions to State to	axes:	\$	1,030.23	non.	
(6)	Total quarterly contributions to Social (FICA and Medica)	•	\$	3,655.73	ora	
(7)	Total quarterly contributions to other t	axes:	\$	_	100 4	
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	7,808.18
(9)	Total quarterly contributions to victim	s programs:	\$	10,679.52		
(10)	Total quarterly contributions to room a	and board:	\$	16,396.53		
(11)	Total quarterly contributions to family	support:	\$	3,439.48	778	
(12)	SUB-TOTAL of PIECP Categorical Dec	luctions (#9-#11):			\$	30,515.53
(13)	Total quarterly contributions to manda	tory savings:	\$	278.48		
(14)	Since the last quarterly report, have yo this cost accounting center? If yes, plea	se explain:	d the scop	e, processes or j	products	s associate with
		No.	***************************************		***************************************	
	Certified correct by: Daniel]	. Clark, Deputy Di	irector, Id	owa Prison Inc	lustries	
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	Signature			dan.clark		
Tel	ephone no: (515) 822-8920	Email Address	S:			

Re ₂	porting Quarter Dates:	10/1/2017		12,	/31/2017
Name of C	ost Accounting Center:		Jet Com	pany	
PIEC	CP Management Model:		Emplo	yer	
	- Wilestandstands			ectional Facil	,
INSTITUTIO	N Name and Address:	313 Laned	lale, Rockw	ell City, IA 5	0579
1) Total inmate la	abor hours worked during	quarter:	***************************************		Hours
2) Total number	of inmates employed durin	g quarter:	***************************************	0	Total Inmates
3) Total quarterly	y gross wages paid:		\$	-	
	Hourly wage range	N/A	100000000000000		
	(or) Pieces work rate	N/A	***************************************		
4) Total quarterly	y contributions to Federal ta	axes:	· \$	_	
5) Total quarterly	contributions to State taxe	es:	\$	_	MARGON CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT
6) Total quarterly	ontributions to Social Sec	curity:	\$	_	
	(FICA and Medicare)				
7) Total quarterly	contributions to other taxe	es:	\$		учуналарап
3) SUB-TOTAL o	of taxes paid this quarter (#4	L- #7):			\$
9) Total quarterly	contributions to victim's p	programs:	\$	_	посторого
0) Total quarterly	contributions to room and	l board:	\$		MEDICEROPEIS
1) Total quarterly	contributions to family su	pport:	\$		STANDARD TO THE
2) SUB-TOTAL o	f PIECP Categorical Deduc	tions (#9-#11):			\$
3) Total quarterly	contributions to mandator	ry savings:	\$	-	
	uarterly report, have you n nting center? If yes, please This CAC did n		-	-	r products associ
Certif	ied correct by: Daniel J. C	llark, Deputy I	Director, Io	wa Prison I	ndustries
K W				12 - F	EB - 2018 Date
	Signature	**************************************	001.0000000000000000000000000000000000		Date rk@iowa.gov
Telephone no:	(515) 822-8920	Email Addre	ss:	<u>uan.clai</u>	nwiowa.gov

	Reporting Quarter Dates:	10/1/2017	energenera	12/33	1/2017	-
	Name of Cost Accounting Center:		Graphic	Edge	***************************************	nographyraumona
	PIECP Management Model:	Employer				
	INSTITUTION Name and Address:		North Central Correctional Facility 313 Lanedale, Rockwell City, IA 505			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1)	Total inmate labor hours worked durin	g quarter:		10,295.8	Hours	
(2)	Total number of inmates employed dur	ing quarter:	***************************************	18	Total In	mates
(3)	Total quarterly gross wages paid:		\$	109,504.53		
	Hourly wage range	\$10.08			=	
	(or) Pieces work rate	N/A	announces		÷	
(4)	Total quarterly contributions to Federal	taxes:	\$	11,522.81		
(5)	Total quarterly contributions to State ta	xes:	\$	3,915.30		
(6)	Total quarterly contributions to Social S	Security:	\$	8,377.10		
	(FICA and Medicar	e)	***************************************			
(7)	Total quarterly contributions to other ta	axes:	\$	_		
(8)	SUB-TOTAL of taxes paid this quarter ([#4- #7):			\$	23,815.21
(9)	Total quarterly contributions to victim's	s programs:	\$	28,933.66	nage .	
(10)	Total quarterly contributions to room a	nd board:	\$	31,939.44	00 0	
(11)	Total quarterly contributions to family	support:	\$	2,915.30	29 4	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	63,788.40
(13)	Total quarterly contributions to manda	cory savings:	\$	618.76		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas	•	d the scop	oe, processes or j	products	associate with

	Certified correct by: Daniel J.	Clark, Deputy D	irector, I	owa Prison Ind	dustries	
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Tel	Signature lephone no: (515) 822-8920	Email Addres	s:	dan.clark(Date @iowa.g c	<u>) V</u>

	Reporting Quarter Dates:	10/1/2017	***************************************	12/33	1/2017	***************************************
	Name of Cost Accounting Center:	I	NuAge Ma	rketing		100010000000000000000000000000000000000
	PIECP Management Model:		Emplo	yer		
	TO A CONTROL OF THE C			ectional Facility		-
	INSTITUTION Name and Address:	313 Laneda	ale, Kockw	ell City, IA 505	'/9 	
(1)	Total inmate labor hours worked durin	g quarter:	C254474777777777777777777777777777777777	1,978.0	Hours	
(2)	Total number of inmates employed dur	ing quarter:	***************************************	10	Total In	mates
(3)	Total quarterly gross wages paid:		\$	16,535.80	_	
	Hourly wage range	\$8.96	connecessa		-	
	(or) Pieces work rate	N/A	***************************************			
(4)	Total quarterly contributions to Federal	taxes:	\$	866.86	no.	
(5)	Total quarterly contributions to State ta	xes:	\$	255.23	no.	
(6)	Total quarterly contributions to Social S	Security:	\$	1,264.98	w	
	(FICA and Medicar	e)				
(7)	Total quarterly contributions to other ta	ixes:	\$		in.	
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$	2,387.07
(9)	Total quarterly contributions to victim's	s programs:	\$	6,466.06	29	
(10)	Total quarterly contributions to room as	nd board:	\$	3,352.39	9	
(11)	Total quarterly contributions to family s	support:	\$	1,023.12	n.	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	10,841.57
(13)	Total quarterly contributions to mandat	ory savings:	\$	32.72		
(14)	Since the last quarterly report, have you		d the scope	e, processes or p	products	associate with
	this cost accounting center? If yes, pleas	e explain: No.				
			***************************************	***************************************		***************************************
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Io	wa Prison Ind	lustries	
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	Signature			dan.clark(Date @iowa.go	<u>)V</u>
Tel	ephone no: (515) 822-8920	Email Address	s:		_	

	Reporting Quarter Dates:	10/1/2017	***************	12/3	1/2017
	Name of Cost Accounting Center:	Rose Ac	re Farms -	Guthrie Center	•
	PIECP Management Model:	l: Employer			
				ectional Facility ell City, IA 505	
(1)	Total inmate labor hours worked during	ng quarter:		2,523.8	Hours
(2)	Total number of inmates employed du	ring quarter:	keesteldedsteeleere reversesteeleere	5	Total Inmates
(3)	Total quarterly gross wages paid:		\$	25,368.75	·
	Hourly wage range	\$9.21			=
	(or) Pieces work rate	N/A	***************************************		
(4)	Total quarterly contributions to Federa	l taxes:	\$	6,185.12	va.
(5)	Total quarterly contributions to State to	axes:	\$	623.00	20
(6)	Total quarterly contributions to Social	Security:	\$	1,940.79	_
	(FICA and Medica	ce)			
(7)	Total quarterly contributions to other t	axes:	\$	-	м.
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$ 8,748.91
(9)	Total quarterly contributions to victim	s programs:	\$	9,321.40	**
(10)	Total quarterly contributions to room a	nd board:	\$	2,152.74	,
(11)	Total quarterly contributions to family	support:	\$	71.95	··
(12)	SUB-TOTAL of PIECP Categorical Dec	uctions (#9-#11):			\$ 11,546.09
(13)	Total quarterly contributions to manda	tory savings:	\$	42.75	
(14)	Since the last quarterly report, have yo this cost accounting center? If yes, plea	-	d the scope	e, processes or p	products associate with
	Certified correct by: Daniel J	. Clark, Deputy D	irector, Io	wa Prison Ind	lustries
nengannezvezekzveze	> M		***************************************	12-FE	EB - 2018 Date
Tel	Signature ephone no: (515) 822-8920	Email Address	5:		Date @iowa.gov

	Reporting Quarter Dates:	10/1/2017	20042220000000	12/	31/2017
	Name of Cost Accounting Center:	Mi	sty Harbor	(Kevcon)	
	PIECP Management Model:		Employ	⁄er	
		Ÿ		al Release Cei	
	INSTITUTION Name and Address:	1550 L	St, Fort Do	dge, IA 50501	
(1)	Total inmate labor hours worked during	g quarter:		_	Hours
(2)	Total number of inmates employed duri	ng quarter:	***************************************	0	Total Inmates
(3)	Total quarterly gross wages paid:		\$	_	
	Hourly wage range	N/A			
	(or) Pieces work rate	N/A	***************		
(4)	Total quarterly contributions to Federal	taxes:	\$		esonoresa.
(5)	Total quarterly contributions to State tax	œs:	\$		oosoona
(6)	Total quarterly contributions to Social S	ecurity:	\$	-	
	(FICA and Medicare	:)			
(7)	Total quarterly contributions to other ta	xes:	\$		
(8)	SUB-TOTAL of taxes paid this quarter (‡4- #7):			\$ -
(9)	Total quarterly contributions to victim's	programs:	\$	_	***************************************
(10)	Total quarterly contributions to room ar	d board:	\$	_	annoma
(11)	Total quarterly contributions to family s	upport:	\$		aanaan
(12)	SUB-TOTAL of PIECP Categorical Dedu	actions (#9-#11):			\$ -
(13)	Total quarterly contributions to mandate	ory savings:	\$	-	
(14)	Since the last quarterly report, have you this cost accounting center? If yes, please This CAC did	-	_	_	products associate with
	Certified correct by: Daniel J.	Clark, Deputy D	irector, Io	wa Prison Ir	ndustries
************	r zull		***************************************	12-	FEB - 2018 Date
	Signature				Date k @iowa.gov
Tel	ephone no: (515) 822-8920	Email Addres	s:		

	Reporting Quarter Dates:	10/1/2017	nezorozának	12/3	1/2017	***************************************
	Name of Cost Accounting Center:		H&H	LLC		1004.000.0004.00000000000000
	PIECP Management Model:	Employer Clarinda Correctional Facility				
	TA LOTTER TO THE STATE OF THE S				20	
	INSTITUTION Name and Address:	2000 IN 16th	n Street, (Clarinda, IA 516	32	
(1)	Total inmate labor hours worked durir	ng quarter:	***************************************	29,199.2	Hours	
(2)	Total number of inmates employed du	ring quarter:	<i>NAMES OF THE PROPERTY OF THE</i>	57	Total I	nmates
(3)	Total quarterly gross wages paid:		\$	334,933.52	_	
	Hourly wage range	\$8.24 - 13.03			=	
	(or) Pieces work rate	N/A	reconnection	,		
(4)	Total quarterly contributions to Federa	l taxes:	\$	38,251.56	opa,	
(5)	Total quarterly contributions to State ta	ixes:	\$	13,731.96	204	
(6)	Total quarterly contributions to Social S	Security:	\$	25,622.43		
	(FICA and Medicar	re)	*	,		
(7)	Total quarterly contributions to other ta	axes:	\$	-	on,	
(8)	SUB-TOTAL of taxes paid this quarter	(#4- #7):			\$	77,605.95
(9)	Total quarterly contributions to victim'	s programs:	\$	81,224.19	or .	
(10)	Total quarterly contributions to room a	nd board:	\$	101,507.92	29	
(11)	Total quarterly contributions to family	support:	\$	7,608.70	70	
(12)	SUB-TOTAL of PIECP Categorical Ded	uctions (#9-#11):			\$	190,340.81
(13)	Total quarterly contributions to manda	tory savings:	\$	1,726.81		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas	, ,	d the scop	oe, processes or j	- oroduct	s associate with
		No.	***************************************	000x0332x0x0300x02x0x0x0x0x0x0x0x0x0x0x0		
	Certified correct by: Daniel J	. Clark, Deputy Di	rector, I	owa Prison Inc	lustries	3
	3 Wh		nosconosa	12-1	FEB.	2018
	Signature			dan.clark(Date @iowa.c	e <u>10V</u>

Email Address:

Telephone no: (515) 822-8920

	Reporting Quarter Dates:	10/1/2017		12/	31/2017	
	Name of Cost Accounting Center:	Ro	se Acre Farn	ns - Stuart		
	PIECP Management Model:		Employ	ver		
	INSTITUTION Name and Address:		A Correctional Institution for Women Mill St SW, Mitchellville, IA 50169			
(1)	Total inmate labor hours worked during	g quarter:		-	Hours	
(2)	Total number of inmates employed dur	ing quarter:	W-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	0	Total Inmates	
(3)	Total quarterly gross wages paid:		\$	-		
	Hourly wage range	\$9.35				
	(or) Pieces work rate	N/A	***************************************			
(4)	Total quarterly contributions to Federal	taxes:	\$	_		
(5)	Total quarterly contributions to State ta	xes:	\$	_		
(6)	Total quarterly contributions to Social S	ecurity:	\$	-		
	(FICA and Medicare	e)				
(7)	Total quarterly contributions to other ta	xes:	\$	_		
(8)	SUB-TOTAL of taxes paid this quarter (#4- #7):			\$ -	
(9)	Total quarterly contributions to victim's	programs:	\$	_		
(10)	Total quarterly contributions to room ar	nd board:	\$	***		
(11)	Total quarterly contributions to family s	support:	\$	-	************	
(12)	SUB-TOTAL of PIECP Categorical Dedu	actions (#9-#11):			\$ -	
(13)	Total quarterly contributions to mandat	ory savings:	\$	-		
(14)	Since the last quarterly report, have you this cost accounting center? If yes, pleas This CAC did		-		r products associate with	
	Certified correct by: Daniel J.	Clark, Deputy I	Director, Iov	wa Prison Ir	ndustries	
***************************************	1 m			12.1	E13 - 2018 Date	
m ·	Signature	T7 *1 A 1 1			Date k@iowa.gov	
Tel	ephone no: (515) 822-8920	Email Addre	ess:			